

**CAMP OLYMPIA RELEASE, INDEMNITY AND MEDICAL TREATMENT AUTHORIZATION**

GROUP NAME: PARKWAY FELLOWSHIP

NAME OF PARTICIPANT(S): (print) \_\_\_\_\_

PARENT/GUARDIAN NAME: (print) \_\_\_\_\_

I am aware that during my/my child’s stay at Camp Olympia, I/my child will be participating in many physical activities, and I/my child may encounter certain risks and dangers. These risks and dangers include, but are not limited to, serious bodily injury or death due to the hazards of being in a wilderness area, the forces of nature, and other risks and dangers because of the activities offered, and the nature of the grounds and facilities, at Camp Olympia. I am aware that Camp Olympia is located on a lake and has a swimming pool on the premises, and that I/my child will have the opportunity to participate in aquatic activities, including, but not limited to, swimming, boating, canoeing, and any other activity arranged. I am aware that Camp Olympia offers challenge course activities with high elements up to 35 feet high for which a belay system is used as well as low elements approximately three feet high for which ground spotters are used. I am also aware that Camp Olympia offers other activities including, but not limited to, team and individual sports, miscellaneous games, archery, riflery, horseback riding, and all aspects of camping. Furthermore, I am aware that I/my child will be interacting with individuals from all around the world, and although certain precautions will be taken to ensure the health of all campers and staff members, Camp Olympia cannot guarantee me/my child will not be exposed to certain viruses, bacteria, and other potentially dangerous diseases. I am aware that I/my child will ride in camp buses or vehicles. I hereby give my permission for myself/my child to ride in camp buses and vehicles. I understand that Camp Olympia could be filming and taking photographs which might include me/my child and that Camp Olympia might use such filming and photographs in promotional materials. Individually and on behalf on my child, I consent to myself/my child being filmed and photographed and to use such filming and photographs for promotional purposes. I understand it is my sole responsibility to decide on and implement any activity restrictions which I deem necessary for my/my child’s personal welfare and safety.

**AS ADDITIONAL CONSIDERATION FOR MYSELF/MY CHILD BEING PERMITTED TO PARTICIPATE IN ANY OF THE ACTIVITIES OFFERED BY CAMP OLYMPIA, I, INDIVIDUALLY AND ON BEHALF OF MY CHILD, HEREBY RELEASE, DISCHARGE, INDEMNIFY, AND HOLD HARMLESS CAMP MANAGEMENT, INC., CAMP OLYMPIA, INC., AND CAMP MANAGEMENT FOODS, INC. WP REALTY, L.P. DBA WHISPERING PINES GOLF CLUB, OLYMPIA REALTY CORPORATION, THE SPIRIT GOLF ASSOCIATION, RC HILCREST, L.P., AND THEIR RESPECTIVE SHAREHOLDERS, DIRECTORS, OFFICERS, EMPLOYEES, AGENTS AND REPRESENTATIVES (ALL SUCH ENTITIES AND INDIVIDUALS BEING REFERRED TO COLLECTIVELY HEREINAFTER AS THE “RELEASED PARTIES”) FROM ANY AND ALL LIABILITY TO ME FOR LOSS OR DAMAGE ON ACCOUNT OF INJURY TO ME/MY CHILD OR MY PROPERTY AND ANY AND ALL EXPENSES, INCLUDING WITHOUT LIMITATION ATTORNEY’S FEES, WHETHER CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE (WHETHER SOLE, JOINT OR CONCURRENT) OR GROSS NEGLIGENCE OF THE RELEASED PARTIES, AS A DIRECT OR INDIRECT RESULT OF MY/MY CHILD’S ATTENDANCE AT CAMP**

**OLYMPIA AND/OR MY/MY CHILD’S PARTICIPATION IN ANY OF THE ACTIVITIES OFFERED BY CAMP OLYMPIA.**

I have read and voluntarily signed this Release and Indemnity, and I further agree that no oral representations, statements or inducements apart from the foregoing written agreement have been made. I understand this document includes a full and final release and indemnification of all claims.

In case of accidents or illness, I authorize Camp Management, Inc. to request and obtain necessary medical services for my child\*/me should an emergency arise as determined by the camp director. I acknowledge and understand that the cost of any such medical care is my financial responsibility and/or that of my legal guardian, if any.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Participant *(must be at least 18 years of age)*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Legal Guardian(s) (if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Legal Guardian(s) (if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

Home Phone No. \_\_\_\_\_

Work Phone No. \_\_\_\_\_

Name and Phone Number of a person who should be contacted in the event the participant’s legal guardian cannot be reached:

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

\*Or ward if and as applicable